

U.S. No. 2  
FORM-5-43  
REV. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 367774  
Registrar's No. 4798

FILED DEC 9 1944  
Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH  
(Specify whether years, months or days)

In this community 6 WEEKS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. LINMONT APTS. 1205 LINWOOD BLVD  
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country GERMANY

3. (a) PRINT FULL NAME MRS ALMA H HUGUNIN

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 25<sup>TH</sup>  
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from February 1, 1943 to NOV 25, 1944  
that I last saw her alive on NOV 25, 1944  
and that death occurred on the date and hour stated above.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. ULYSSES HUGUNIN

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased MARCH-19-1872  
(Month) (Day) (Year)

Immediate cause of death Carcinoma Oesophagus

Due to unknown

Due to 402

Other conditions (include pregnancy within 3 months of death)

Major findings: Lateral Oesophagus  
Of operations Esophagus Feb. 1943

Of autopsy Same

PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 72 Months 8 Days 12 If less than one day 6 hr. min.

9. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name LOUIS HUBO

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA HELMERS

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Sandra Effinger

(b) Address Berkshire Hotel

17. (a) REMOVAL (Burial, cremation, or removal)

(b) Date thereof 11-28-44  
(Month) (Day) (Year)

(c) Place: burial or cremation ST. LOUIS, MISSOURI

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 11-28-44 (Date received local registrar)

(b) N. E. Brown (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)

Means of injury 0

23. Signature Dr. Paul H. ... (M.D. or other)

Address 1401 Brush Creek Blvd Date signed 11-28-44

Burgess Billy  
1902

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *H. C. Newcomer Jr.*

Licensed Embalmer No..... *4043*

P. O. Address..... *A. C. Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**